

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO  
10/589842

FILING DATE  
09 MAY 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	/		/			
10	0		0			
11	0		0			
12	0		0			
13	0		0			
14	0		0			
15	0		0			
16	0		0			
17	/		/			
18	/		/			
19	2		0			
20	2		0			
21	2		0			
22	2		0			
23	2		0			
24	0		0			
25	0		0			
26	0		0			
27	0		0			
28	0		0			
29	0		0			
30	0		0			
31	0		0			
32	/		/			
33	/		/			
34	/		/			
35	/		/			
36	/		/			
37	/		/			
38	/		/			
39	7					
40	7					
41	7					
42	7					
43	7					
44	7					
45	7					
46	7					
47						
48						
49						
50						
TOTAL IND.	10	↓	3	↓		↓
TOTAL DEP.	89	←	28	←		←
TOTAL CLAIMS	99		31			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.			←	←	←	←
TOTAL CLAIMS						